

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 411)

Registration District No. 411
Primary Registration District No. 2092

File No. 6800
Registered No. Freeman Hosp. St. 1 Ward

2. FULL NAME

(a) Residence, No. 2003 Pearl Ave. Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annalia Briggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-31-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. The Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10/1/37 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Illinois

13. NAME William Briggs

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Mary A. Barmann

16. BIRTHPLACE (CITY OR TOWN) Chingworth (STATE OR COUNTRY) Engl.

17. INFORMANT Wm W C Fish (ADDRESS) Tracy, Ohio

18. BURIAL, CREMATION, OR REMOVAL Tracy, Ohio PLACE Tracy, Ohio DATE 2/8 1937

19. UNDERTAKER Re Frank. Shivers Mortuary (ADDRESS) Joplin, Missouri

20. FILED 2-8 1937 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937
22. I HEREBY CERTIFY That I attended deceased from Feb 2 1937, to Feb 8 1937
I last saw him alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Haemorrhage of stomach 1/4/37
Influenza 1/2/37
Other contributory causes of importance:
Name of operation Thyroid Date of no
What test confirmed diagnosis: Thyroid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 19no

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. C. Fish, M. D.
(Address) Joplin, Mo.

